



QUESTIONS ASKED THUS FAR re NHDNR

1. Why is there an "Alternative to CPR" if the Directive is addressing Do Not Resuscitate? While processing information about DNR, it came to reason that resuscitation may be harmful to some consumers with anatomical defects, so it was decided that this would be an appropriate place to identify alternatives to DNR.
2. If the treatment team decides on an AED rather than CPR, where is the money coming from to pay for it? Exploration of funding sources should be discussed at the time of the treatment team meeting. (NAFS, Medical Ancillary, Community Organizations, etc)
3. What good is it to the competent consumer to have an Advance Directive? The consumer will have already identified choices about what is or is not acceptable when he or she becomes incapacitated. It will be honored in the hospital.
4. If the consumer has a DNR order while in the hospital, will that carry over to when the consumer comes home? Hospital DNR orders do not follow the person. A community placement individual can only have a "non-hospital DNR" and to have this there must be terminal condition.
5. Will a Non-Hospital DNR be used if the consumer lives in a Skilled Nursing Facility? A Skilled Nursing Facility is under the jurisdiction of DHSS.
6. Why would anyone choose Palliative Care? To help alleviate pain and discomfort from surgery, disease processes that are not terminal, and when treatment modalities are being used that are very exhausting, painful, etc.